WISCONSIN MEDICAID

UPDATE

JUNE 23, 1998

UPDATE 98-20

TO:
Ambulance Providers
HMOs and Other Managed Care Programs

Land Ambulance Policy and Billing Changes

Wisconsin Medicaid is establishing Advanced Life Support (ALS) and Basic Life Support (BLS) policy and reimbursement rates for land ambulance providers, effective for dates of service on and after July 1, 1998.

These changes were made as a result of provisions of 1997 Wisconsin Act 27, the 1997-99 biennial budget.

Determining ALS status

Effective July 1, 1998, all Wisconsin Medicaid-certified land ambulance providers with a Department of Health and Family Services (DHFS) ambulance service provider license at the intermediate or paramedic level will be assigned to Advanced Life Support (ALS) status. Effective July 1, 1998, all land ambulance providers with a DHFS ambulance service provider license at the basic level will be assigned to Basic Life Support (BLS) status.

This process is automatic. Providers do not have to submit any materials to the Medicaid fiscal agent, EDS, unless they wish to change their ALS/BLS status.

Providers shall continue using current Medicaid provider numbers as a result of this process.

Wisconsin Medicaid will not send out individual notices of ALS/ BLS status to currently certified providers.

Any Medicaid-recognized BLS provider wishing to receive ALS status must first obtain an Emergency Medical Technician (EMT) intermediate or EMT paramedic license from the DHFS. The provider must send a copy of the updated license to the fiscal agent with a request for ALS status. The fiscal agent will notify providers by mail of their new status.

To receive an ambulance service provider license application, contact the Division of Health, EMS Section, P.O. Box 309, Madison, WI 53701-0309, phone (608) 266-0473.

Border status providers will be assigned to ALS/BLS status based on current DHFS ambulance provider licensure. Other out-of-state providers will initially receive BLS status. To receive ALS status, out-of-state providers must provide the fiscal agent with documentation (such as Wisconsin or other state license comparable to intermediate or paramedic levels, Medicare certification, billing history, or other materials) to demonstrate the provider's ability to provide ALS-level services.

Policy and billing procedures for air and water ambulance providers remain unchanged.

Procedure codes

Wisconsin Medicaid *continues* to require providers to bill using the procedure codes listed in Part Q, Division I, the ambulance provider handbook, for dates of service on and after July 1, 1998. These codes permit separate billing for supplies, multiple carry, and waiting time.

This policy is based on information and responses from providers at training sessions held in early June 1998. Providers should disregard any changes in procedure coding described at those training sessions and continue to bill current codes as described above. Providers need to continue using the procedure codes listed in Part Q, Division I, the ambulance provider handbook.

Reimbursement

Pursuant to provisions of 1997 WisconsinAct 27, Wisconsin Medicaid will reimburseALS providers at 120 percent of the BLS maximum allowable fee, or actual charges, whichever is less, for the following procedure codes:

- A0010 — Emergency base rate.
- A0150 — Non-emergency base rate.
- W9051 — First aid at the scene.
- W9081 — Multiple carry base rate.

These changes are effective for dates of service on and after July 1, 1998.

Wisconsin Medicaid will automatically make this change in reimbursement and will not require the use of special modifiers or procedure codes.

Providers will continue to receive higher reimbursement for emergency base rate and mileage than for non-emergency base rate and mileage.

Copayment

Non-emergency services (procedure code A0150) are subject to a $2 copayment. There is no copayment for any other land ambulance services allowed by Wisconsin Medicaid. Medicaid recipients may not be held liable by providers for Medicaid-covered services and items except for copayments. Medicaid HMO recipients are exempt from copayments.

Medicare crossover claims

Providers must first bill Medicare for services provided to Medicaid recipients who are also enrolled in Medicare.

Providers must accept Medicare assignment for services provided to Medicaid recipients who are also enrolled in Medicare.

These claims will automatically be sent by the Medicare carrier to the fiscal agent for Medicaid reimbursement of coinsurance and deductibles, where applicable.

Wisconsin Medicaid will reimburse providers for applicable coinsurance and deductibles for any ambulance services allowed by Medicare, regardless of ALS or BLS status or whether Wisconsin Medicaid currently accepts the procedure code for Medicaid-only reimbursement purposes.

Wisconsin Medicaid reminds providers to bill their usual and customary charges when billing either Medicare or Medicaid for covered services. Wisconsin Medicaid pays providers the lesser of the billed amount or the maximum allowable fee.

Modifiers

Wisconsin Medicaid does not require the use of modifiers when billing land ambulance services. Providers may use modifiers to identify multiple trips for the same recipient, by the same provider, on the same date of service. However, failure to use a modifier will not result in denial of a claim, or denial of an item on a claim.

The allowable modifiers for land ambulance service are 11 through 20, where 11 equals the first trip, 12 equals the second trip, etc.

Other rules and policies do not change

All applicable and relevant sections of HFS 107.23, Wis. Admin Code, related to coverage, reimbursement, prior authorization, limitations, and documentation remain in effect. All applicable and relevant sections of Part Q, Division 1, the ambulance handbook, remain in effect unless superseded by this Medicaid Update.

For further information

If you have any questions, please contact the Correspondence Unit for policy and billing information at (608) 221-9883 or (800) 947-9627.

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